

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9229

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 101	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. LENGTH OF STAY (in this place) 50 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) Joplin		0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION X STATE HOSPITAL				d. STREET ADDRESS (If rural, give location) 610 1/2 St Louis			
3. NAME OF DECEASED (Type or Print) a. (First) Stephen		b. (Middle) Price		c. (Last) Barton		4. DATE OF DEATH (Month) (Day) (Year) Feb 27, 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb 18, 1862	
9. AGE (In years last birthday) 88		10. IF UNDER 1 YEAR Months Days Hours Min. 0 9		11. BIRTHPLACE (State or foreign country) Clarence Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Self		13a. FATHER'S NAME David Barton		13b. MOTHER'S MAIDEN NAME Sarah McBroom	
13c. NAME OF HUSBAND OR WIFE Dollie J. Barton		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		15. SOCIAL SECURITY NO. 4331		16. INFORMANT'S SIGNATURE OR NAME Dollie Barton, 610 1/2 St Louis Joplin	
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>auricular fibrillation</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Chronic bronchitis</i>				INTERVAL BETWEEN ONSET AND DEATH 21 days 4331 7	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-6, 1950, to 2-27, 1950, that I last saw the deceased alive on 2-24, 1950, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <i>E. H. Hunsaker</i>				23b. ADDRESS Joplin Mo.		23c. DATE SIGNED 3-2-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3-1-1950		24c. NAME OF CEMETERY OR CREMATORY Mount Hope		24d. LOCATION (City, town, or county) (State) Webb City, Missouri	
DATE REC'D BY LOCAL REG. 3-4-50		REGISTRAR'S SIGNATURE <i>E. H. Hunsaker</i>		25. FUNERAL DIRECTOR'S SIGNATURE Parker-Hunsaker Mortuary		ADDRESS Joplin Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 3-6-50
Jasper County Health Office

County File Number 50-3-184

Date Filed 3-25-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *F. M. Jones* _____

Licensed Embalmer No. 2519

P. O. Address *Joplin Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.